



Form Revision Date 07/2016

ANNUAL STATEMENT
 For use by DOMESTIC LIMITED LIABILITY COMPANY
 (Required by Section 207, Act 23, Public Act of 1993)

Identification Number: 802156155

Annual Statement Filing Year: 2022

1. Limited Liability Company Name:
 PAW MANAGEMENT LLC

2. The street address of the limited liability company's registered office and name of the resident agent at that office:

1. Resident Agent Name: PAULA WASHINGTON

2. Street Address: 607 SHELBY ST
 Apt/Suite/Other: STE 700-1045
 City: DETROIT
 State: MI Zip Code: 48226

3. Mailing address of the registered office:
 P.O. Box or Street Address: 607 SHELBY ST
 Apt/Suite/Other: STE 700-1045
 City: DETROIT
 State: MI Zip Code: 48226

This annual statement must be signed by a member, manager, or an authorized agent.
 Signed this 9th Day of February, 2022 by:

Signature	Title	Title if "Other" was selected
Pula Washington	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

j_n Decline j_n Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2022 ANNUAL STATEMENT

for

PAW MANAGEMENT LLC

ID Number: 802156155

received by electronic transmission on February 09, 2022 ***, is hereby endorsed.***

Filed on February 09, 2022 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 9th day of February, 2022.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau